

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		2				
6		4				
7		4				
8		4				
9		4				
10		4				
11		2				
12		4				
13		4				
14		4				
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22		4				
23	1					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	83	→	→	→		
TOTAL CLAIMS	90					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS						